ST. BARTHOLOMEW'S HOSPITAL JOURNAL

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ST. BARTHOLOMEW'S HOSPITAL JOURNAL

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March, 1955

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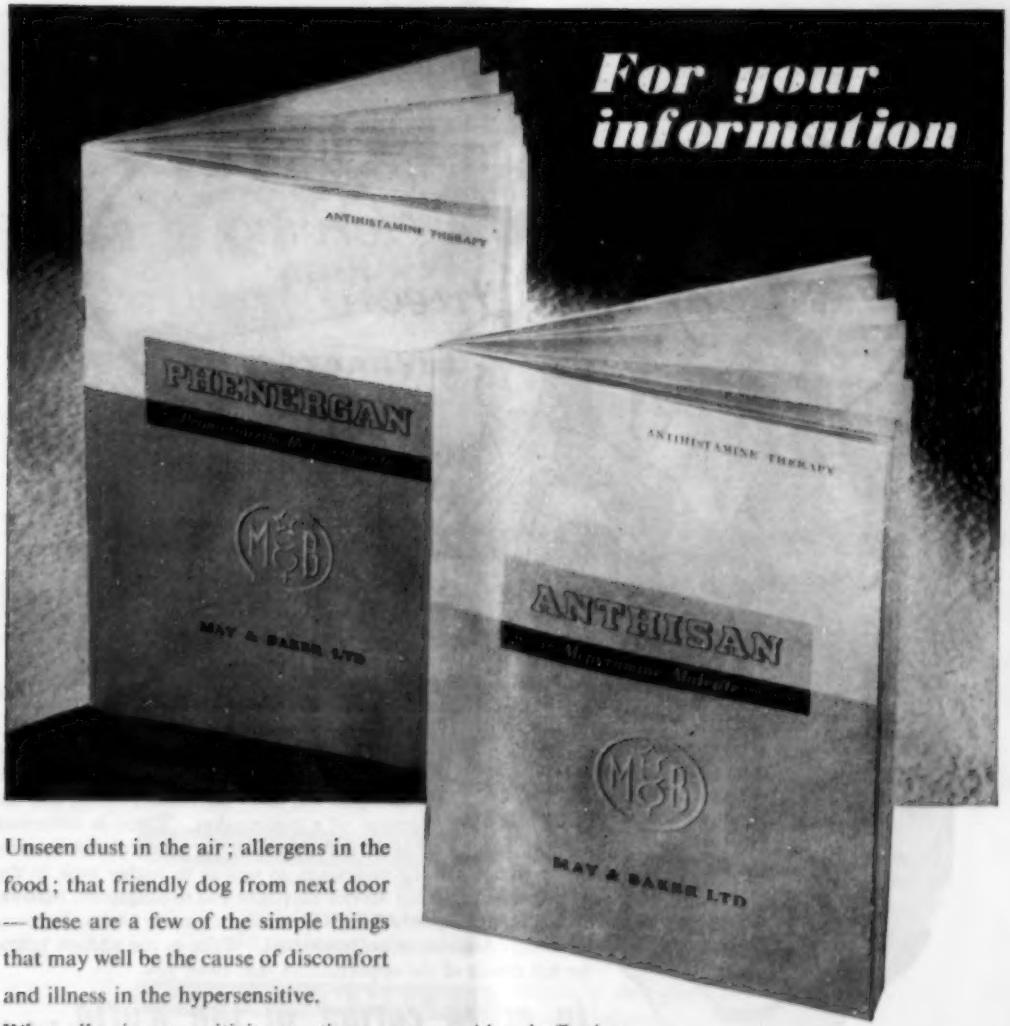

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(Surprising scene at University)

The Lecturer Ladies and gentlemen, the paper which I propose to read on Sunday . . .

A Heckler The Observer ?

The Lecturer (in surprise): *Is* there any other paper ?

A Man in a bowler hat I think . . .

The Lecturer I congratulate you ; you too are qualified to read The Observer.

A Man in a trilby hat I don't think . . .

The Lecturer Better still; The Observer will make you!

Council for the Defence May I ask if my learned friend is deliberately concealing the fact that Paul Jennings and Harold Nicolson write in The Observer ?

The Lecturer I was on the point of mentioning Philip Toynbee and Eric Blom . .

A Feminist *And* Miss Lejeune, *and* Marghanita Laski, *and* Stevie Smith.

A Committee Member (accusingly): What about the Sports Page ?

The Lecturer (hurriedly): I was going to say that it had H. B. Toft on rugger . . .

The Committee Member . . . and the universities' and schools' results.

The Lecturer (apologetically): In fact a Full Back page to Cover Points Right Outside all other papers' scope . . .

An Intellectual Sir, that is unworthy of you !

The Lecturer Sir, it is now six days since I was refreshed by The Observer !

An M.P. Mr. Speaker, on a point of order . . .

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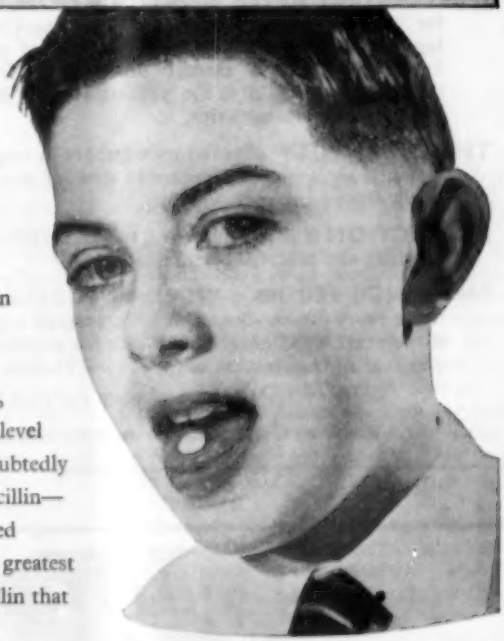

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ST. BARTHOLOMEW'S HOSPITAL JOURNAL

Vol. LIX **MARCH 1955** **No. 3**

THE OBJECTS OF THE JOURNAL

It is now over sixty years since the "*St. Bartholomew's Hospital Journal*" was first published in October, 1893. At the beginning of the first issue, the objects of the *Journal* are recorded, and it is interesting to read them again, and to consider one or two, and note how little they have altered during a period which has witnessed great changes not only in medicine, but in the outside world.

The first object of the *Journal* is "*To put on permanent record such clinical and other work as is done in this Hospital, which finds its way into no paper, but which is in itself invaluable to the student and practitioner. It will thus enable them to keep in touch with recent work and with the progress of the science and art of Medicine, Surgery, and Midwifery in the Hospital and School.*"

This object was written at a time when medical research was beginning to embark upon extensive and inspiring discoveries. Antiseptic surgery and the advancing study of bacteriology seemed to offer a rapid hope of cure to all disease. This is reflected in the early *Journals*, where glimpses of the future are given in "Evolution of Medicine and Medical Teaching" and "On Medical Practice and Original Research." One is frequently reminded, however, that there was still much work to be done. "Intravenous Saline Injection in Cholera" was written by the Resident Medical Officer of the Grimsby Cholera Hospital. Many similar titles recall diseases, once common, which are a rarity today. There are numerous articles on the work done in the Hospital to further the expanding knowledge. Today, research is still proceeding apace, and reports still appear regularly in the *Journal*. However, one cannot help feeling, in view of the great amount of research being done all over the Hospital, that a more thorough and up to date appraisal of this work would be welcome to all who have the interests of the Hospital at heart. A list of "Recent Papers by Bart's Men" appears frequently in the *Journal* — surely a few pages on "Recent Research by Bart's Men" would not come amiss!

The second object of the *Journal* is "*To promote and extend the feeling of esprit de corps among students, past and present, in their work, amusements, and matters of interest to them in daily life; to note their doings in Athletics, in Examinations, and by publishing Reports of Meetings, Social Gatherings, etc., to give non-active members some idea of the means by which the name of this great Royal Hospital is being maintained, and so, by example, to rouse them into activity.*"

Here, again, the *Journal* has changed little over the years. There are frequent reports of happenings in the Athletic world, and Examination Results and House Appointments are regularly included.

There seems to have been a definite drift from reporting Social Gatherings however. The early *Journals* contained long and entertaining accounts of the "St. Bartholomew's Hospital Smoking Concert Club." The Steward's Banquet and various other festive occasions were amply described.

Nowadays it is only rarely that a report of their meetings is seen. One is drawn to the sad conclusion that the Clubs of more leisurely days have at last disappeared in the bustle of modern times. It is rather a pity that even in this Hospital, where one would expect to find some reverence for ancient institutions, most Societies which are not purely functional have ceased to exist.

One can see that the *Journal* has not altered so greatly, and its aims have diverged but little since the original objects were stated. It is reassuring to reflect on this stability, and anyone with a few minutes to spare in the Library, will be amply rewarded by perusing a few early editions of the *Journal*.

11th Decennial Club

The 20th Annual Dinner of the 11th Decennial Club will be held at Simpson's-in-the-Strand on Friday, April 22, 1955, at 7 for 7.30 p.m. G. F. Abercrombie, V.R.D., M.D., B.Ch., will be in the Chair. Will anyone who fails to receive a card please communicate with F. C. W. Capps of 16, Park Square East, Regent's Park, N.W.1.

Gold Medallists

Television viewers on January 19 saw an eve-of-departure appearance in Sportsview by Dr. Arthur Wint, M.B.E. He is returning home to Jamaica, and one wonders how long it will be before a need arises again for the size 8½ gloves and those green cuffs, which filled the gap between the sleeves of the largest gown the hospital could supply.

This column recently deprecated the disappearance of Etherington-Smith Ward, founded as a Ward for Housemen, in memory of "Ethel" Smith, another Olympic winner of an earlier generation. We are happy to see the memorial plaque erected again in a side room of the new Lucas Ward, and venture to wonder if this ward will be used again for the purpose for which the fund was subscribed.

How are the Mighty

The District Case Book is sufficiently old to enable Midder Clerks to read of the first faltering footsteps of those who now fearlessly tread the higher slopes of the slippery science of obstetrics. Now entering its fourth year is the Anthology of "Funnies" and Faux Pas perpetrated by all and sundry in the Department of Midwifery. The value of this work may one day be out of all proportion to its literary merit. The first entry bears repeating:—

"Patient (in depths of E.C.I.) to midwife: "Take yer 'at off, dearie, I won't split on yer, nor will doctor 'ere."

Later that day in Theatre: D— F— to "doctor": "Well, this is the biggest third degree tear we've had in here for many a long day."

LETTERS TO THE EDITOR

Sir,

The General Medical Council frowns upon qualified practitioners who advise on treatment from a distance, patients whom they have never seen. Yet on occasions even this medical etiquette has to be thrown overboard. During my summer holiday on a small Norwegian cargo boat, I was asked one night to go to the Radio Officer (a woman) to give advice to the Captain of another cargo boat belonging to a British line.

When I arrived in the Radio Cabin, I was handed a message to say that the first officer on the other boat was very ill. It appeared that he had been treated previously for a gastric ulcer, and had that day been seized with sudden pain, was very tender in the upper abdomen, and vomiting everything.

At this point it would have been nice to report that the two ships drew together and that I was transferred by 'Breeches Buoy' to the other ship, and did an emergency operation with a carving knife, as they had no surgical instruments.

In fact nothing so dramatic occurred. I told the captain it might be a perforated gastric ulcer, and advised him to give the patient nothing by mouth, and to land him at the nearest port, about eight hours distant. This was done and subsequent enquiries disclosed that it was a relapse of the gastric ulcer, and after prolonged medical treatment he was once more convalescent.

Yours faithfully,
MALCOLM DONALDSON.

Sir,

Apart from the interruptions of War, the Cambridge Graduates' Medical Club of St. Bartholomew's Hospital has held a dinner annually since 1876. This has always been a purely masculine affair, and, by kindly consent of the ladies, it remains so. The next Dinner will be held on Friday, April 1, 1955, at the Royal College of Surgeons. Mr. Kenneth Walker, President for 1955, will be in the chair. The Georgian loving cup,

generously given by Lord Horder, will be used for the first time. The Secretaries endeavour to notify all Cambridge Graduates in this country who are Bart's men, and would be grateful to be informed of any who may fail to hear.

Yours faithfully,
H. JACKSON BURROWS,
R. A. SHOOTER,
Honorary Secretaries.

Dear Sir,

It is a pleasing account that Mr. Smart has given in his article (Dec., 1954) on the flourishing United Hospitals Sailing Club. May I have leave just to expand his first paragraph. The Club has been so successful that its founder deserves to be named. It was W. A. Lister of the London who sent a circular letter to hospital Students' Unions asking anyone interested in forming a Hospitals Sailing Club to get in touch with him. As a result half-a-dozen of us met at his home, formed ourselves into a committee and drew up rules. For half a season or so the Club rather hung fire as a log-reading Club for cruising men. But a dwindling audience took fire at the dinghy scheme with its competition and its training for all, organised most ably by its first bosun, Roche, a New Zealander from Guys. Hence to the scenes recounted in Mr. Smart's article.

And may a 30 year long life-member take this opportunity of expressing thanks for the way we are treated, invited specifically and repeatedly to join in Club functions and given a circular news-letter to help absentees keep abreast of developments ?

Yours truly,
RANYARD WEST.

Dear Sir,

Last April the *Journal* carried an appeal for funds to enable the Boat Club to buy new boats. As the result of the generosity of a few private individuals and various bodies connected with the Hospital, and of the Club's own efforts, enough money has been raised to buy a new Shell VIII. I hope, Sir, your readers will not think us ungracious in putting forward our other great need — a new clinker-built IV.

The United Hospitals Regatta in November is now for small boats only ; there are to be Bumping Races in May for the VIII's. It has proved impossible to borrow clinker IV's to train adequately for the November Regatta now that this type of racing is taken so seriously. This makes our long standing need of possessing our own boat more urgent than ever, if we are to compete on equal terms. In addition to inter-Hospital rowing, junior oarsmen are taking an increasing part in coxed IV racing in Summer Regattas.

We shall be most grateful for any help in our present task of raising £215 to buy a clinker IV.

Yours sincerely,
D. A. CHAMBERLAIN, *Captain.*
R. L. ROTHWELL JACKSON, *Treasurer.*

Dear Sir,

May I congratulate Mr. Dawrant on his most interesting account of Dr. William Gilbert in the February issue. May I also add a footnote to it concerning Dr. Wilkinson, who is mentioned as having been with Gilbert on the commission appointed to enquire into the health of the Navy in 1588, the year of the Armada.

Dr. Ralph Wilkinson was a classical Scholar of Trinity College, Cambridge, and served his college as Fellow and Junior Bursar. He also took his M.D. degree in 1574. Instead of practising medicine, however, he accepted the post offered to him in the following year by the Grocers' Company as headmaster of Oundle School, which they had just taken over under the will of Sir William Laxton. Under Wilkinson the school began to lay the foundations of future prosperity as a public school. The present chair used by the headmaster dates from his time. In 1583 he resigned, for no known reason, and entered upon the practice of medicine in London, where he soon became eminent, and a leading member of the Royal College of Physicians. In 1603 he became physician to Bart's, but he resigned this post five years later owing to failing health. He put the hospital for ever in his debt by nominating William Harvey as his successor. No doubt he recognised even then that Harvey had a great and glorious future. Some of Wilkinson's notebooks are in the British Museum.

Yours sincerely,
W. RADCLIFFE.

Sir,

I read with much interest your editorial on the goldfish in the Fountain. Allow me to congratulate you upon the wit and accuracy of your account. The incendiaries were tiresome but the gentian violet was not as upsetting as you might suppose because I found it was good (or more properly, bad) for the nematodes which inhabit my alimentary canal.

It might interest your readers to know of a few further incidents with which I have had to cope during my long life. There was, for instance, the occasion when one of the house physicians, although clad in a dinner-jacket, took a swim in the Fountain. Incidentally, his signature appears close to the smaller of the two cockroaches in the photograph illustrating the article on the Catering Company. There was also a scheme to give me the benefit of the company of a very small whale but rather to my relief the plan did not mature. Perhaps the most tiresome hazard to which I am from time to time exposed is of the kind so elegantly recorded by a one time contributor of yours, the poet Hogarth. Two couplets spring to mind, the occasion described being a Residents' Dinner.

Some, returning early from the fray,
Joyfully vomit in the passage way:
Others with shrieks torment th' indignant air
and micturate upon the Fountain in the Square.

Conspicuously absent from your account of my cloistered life was any reference to the occasions upon which students have been precipitated into the Fountain. No doubt your readers would very much like to know the names, occasions and, in rare instances, the number of times upon which students have been thrown in but a high sense of duty has always been a matter of pride to my family and therefore upon this topic my gills must remain sealed.

I beg to remain,

Yours respectfully,

A. GOLDFISH.

Fleeing from the Goldfish

AN ADVENTUROUS BOOK

by J. B. HUME

An edition of Sir Lauder Brunton's lectures published from New York in 1899 was recently given to me by an American gentleman, Mr. Charles C. Perrin, who discovered it in romantic circumstances, which he describes vividly in this letter to me:—

"We have a summer home in the high mountains of Colorado, about 100 miles west of Denver, and were there during June, July and August this year. Ours was a boom mining town in earlier days, with a population of 10,000. Now it is a ghost town with only about 200 of us living there.

"Some of the largest producing gold and silver mines were in our district. Now they are closed and deserted, the buildings fallen apart, and it is a sad reminder of the past to wander among them.

"I ride horseback four or five hours each day out there, and often prowl about the old mines. The mountains are now being thoroughly combed by all sorts of people searching for uranium. This year I took a good Geiger counter along and spent many hours trying it out around old mines and other places. Incidentally I struck no ore.

"However, in a ramshackle old log cabin near Farncomb Hill, which produced more gold than any other mine in the state, I found a book which I though would be of interest to you, so I am sending it along.

"This mine was closed in 1902, so the book has been there 52 years since there have been inhabitants about the place. It is not in good condition after its long years in the mountain weather, where 40° below zero in winter is quite usual, and terrific rain and hail storms in the summer, but it is readable. The mine where it was is at 11,500 feet altitude, and the snows come there in early September and continue to the end of May.

"The book is entitled 'Lectures on the Action of Medicines', being the course of Lectures on Pharmacology and Therapeutics, delivered at St. Bartholomew's Hospital during the Summer sessions of 1896, by T. Lauder Brunton, M.D., D.Sc. (Edin.), LL.D. (Hon.) (Aberd.), F.R.S.

"As I picked it up and saw what it was, I dreamt of who and what the lad was who left it there, and what became of him. Was he a young medical student who came out from England to the mines; a practitioner who followed his profession in that rough country; a lad who hoped to become a doctor some day; or what? There was lots of British capital invested in mining in Colorado, and the famous old North London and South London mines were only a few miles away.

"Anyway, I thought the book and its story might be of interest to you and give you some dreams. I recall 'God gave men dreams by night so that they might learn to dream by day.'"

When I opened the book a shower of dust and quartz fell on the floor. I wondered whether they contained any gold. But the yellow stains were unfortunately only iron pyrites.

Bart's men have indeed gone to the uttermost parts of the earth, and one of them must have taken Lauder Brunton's book with him. Incidentally, Brunton was Physician to the Hospital from 1895 to 1904, was knighted in 1900, and created a baronet in 1908. He died in 1916.

The book is now in the Library.

It is with much regret that the author of the article entitled, "A case of Intra-thoracic Goitre," published on p.282 of the October (1954) number of this *Journal*, wishes to announce that, through an error, acknowledgement was not made to Professor Sir James Paterson Ross, under whose care the patient was admitted, and who did so much to help and encourage the production of the article.—M. J. Turner.

RADIOTHERAPY AS A CAREER IN MEDICINE

by I. G. WILLIAMS

" In the treatment of cancer, . . . here we have the scalpel and there the rays, soon perhaps a biological or a chemical agent. It is the destiny of rites to come and go. Let us detach ourselves from rites before we fall, and continue to serve our God."

Claude Regand's report on Radiotherapy before the Académie de Medécine de Paris, 1932.

Practically the whole of the electromagnetic spectrum is used in medicine in the treatment of diseases. Physiotherapy is concerned with the long wavelengths from the alternating currents to the ultraviolet zone, whilst radiotherapy may be defined as the application and use of the shorter wavelengths, grenz rays, X-rays and gamma rays. Both together comprise Radiation Therapy. The mechanism of action changes in the visible spectrum region from that of heat, to a biophysical action. The main property of the shorter wavelengths is that of ionisation, and these (together with alpha rays, beta rays and electrons) are called ionising radiations. The clinical effect produced on cells becomes more obvious as the wavelengths become shorter. The biological effect is always detrimental to a cell and if the dose is large enough any living cell can be destroyed. A cell in division is more sensitive than a resting cell and on this fact rests the whole science of radiotherapy, whereby a tissue or organ or gland may be modified in its action, or a new growth destroyed without destroying the nearby normal tissues. Radiosensitivity may be defined as the varying susceptibility of cells to ionising radiations. Radiotherapy can thus be used to adjust or arrest a neoplasm. It can modify inflammatory conditions, it can alter the secretions of glands and in some way it can affect nervous tissue and so relieve the symptom of pain.

The study of the action of radiations on cells has led to a great increase in our knowledge of neoplastic disease. The varying response of tumours to these radiations was responsible for a tremendous amount of work in pathology, whereas previously a growth was labelled cancer, and its surgical treatment either possible (operable) or impossible (inoperable) a finer grading of tumours was recognised. A greater significance was attached to differentiation and to biological behaviour. The study of radiosensitivity of tumours, which became manifest in the response of particular tumours to radiotherapy, became clear when statistical analyses of the results of treatment were instituted. Although individual surgeons had commenced this work and a pattern had been set by Sir Henry Butlin, a surgeon of our own hospital, a commission established by Royal Charter under Letters Patent of July 1929 and known as the Radium Commission was the first to carry out this type of work on a large scale. The high cost of radium controlled by the National Radium Trust was responsible for the curiosity to know what it could achieve. Standards for the collection of data on malignant disease, and the results of treatment as judged by survival rates, were distributed to the various Radium Centres. Out of this have grown the Follow-up and Statistical Departments, now essential departments of all large hospitals.

A radiotherapist must have a wide knowledge of medicine and surgery, as tumours occur in all tissues and all organs. In most, today, radiotherapy may play a part in an attempt to either control or eradicate the disease. It does not mean that he must be a specialist in all the specialties, but his general training must be such that the language of each of the specialties must be clear and understandable to him. The symptoms and signs of malignant disease in any organ may primarily be the same as those of less serious conditions so that a sound basic knowledge is essential. He may not be able to interpret his clinical findings to the fine degree of a specialist in the disease of some part of the body, but he must be able to use a laryngeal mirror, the stethoscope and other instruments for examination. He must know what the finger can feel in the vagina or rectum, or the ophthalmoscope reveal in the optic fundus. This knowledge is essential so that he can give of his best to his patient. It is necessary so that he can talk intelligently to his colleagues in the various departments of the hospital, so that he can meet them on sure

ground. It does not mean that he can compete with each specialist in each branch of medicine, indeed to claim authoritative knowledge in all branches of cancer would be obviously presumptuous. Its greatest value is the knowledge it can give him of when to ask for help and assistance. In the fullest meaning of the words it must mean that he must be a general physician and surgeon, and his basic training must be adequate. Two years after graduation should be the minimum for this general education in medicine, surgery and some of the specialties. During this period he may with advantage study for a higher degree or diploma in medicine or surgery. He cannot do both, and if he is inclined to medicine he could acquire more specialised knowledge of neurology, if towards surgery, of E.N.T. or gynaecology. Although his future activities may cover medicine and surgery, there is sufficient scope in the larger departments to develop a bias towards more specialised knowledge on the medical or surgical sides. A radiotherapist is primarily a doctor, not a physicist, or mathematician. His particular science may be expressed in figures or symbols, but that is only incidental to his greater function of dealing with sick human beings, and the most important stage of his training is this immediate post graduation training, where as house surgeon or house physician, he may acquire knowledge from his responsibilities and dealing with patients, and learning and wisdom which contact with his chiefs will give him. If time can be allowed this training could extend to the registrar stage and end with the acquiring of the M.D., M.R.C.P., or F.R.C.S.

Having obtained this experience and training the next step is to obtain the Diploma in Medical Radiotherapy (D.M.R.T. R.C.P. Lond. R.C.S. Eng.). The examination is divided into two parts: Part I, Physics as applied to Radiotherapy, and Part II (a) the biological effects of radiations, and (b) Clinical Radiotherapy, Theoretical and Practical, and Pathology in relation to Radiotherapy. The course of study for the Diploma extends over two years. During the first six months, candidates are required to attend at a recognised medical school or institution part-time courses of instruction in physics as applied to radiotherapy and in the biological effects of radiation, concurrently with attendance during the remainder of that time in the radiotherapy department of a recognised hospital. During the subsequent eighteen months, candidates are required to devote the whole of their time to work in the radiotherapy department of a recognised hospital, including attendance upon recognised courses of instruction in the theory and practice of radiotherapy, and pathology in relation to radiotherapy. The physics course proceeds from the 1st M.B. level (a knowledge of general physics equivalent to the 1st M.B. is assumed) to the more specialised physics of Radiations. Proceeding from the structure of the atom, cathode rays, X-rays, generators, radioactivity, etc., are thoroughly covered by the syllabus. The physical basis of X-ray therapy, of radium and isotope therapy, must be well learned.

For those with an aptitude for physics, this part of the training will present no difficulties. What of the average student? It can be truly stated that an average knowledge (and intelligence) is sufficient. All departments are now staffed by hospital physicists, and the physics can be safely entrusted to them. It is impossible for one individual to excel as a clinician, as a doctor, as well as a mathematician and physicist; but a worker must know the tools he handles, he must understand the basic principles. Indeed the unravelling which has occurred in nuclear physics has a fascination of its own, but he need not aspire to the level of an Einstein. The fact that a certain elementary knowledge of physics is necessary should not deter anyone. Most of the knowledge gained will, like "Snow upon the desert's dusty face, light its little hour or two" and little will remain.

Having gained the diploma, the next stage is to gain experience and responsibility through the junior-senior posts in the Radiotherapy departments, and this could culminate with the acquisition of the Fellowship of the Faculty of Radiologists. This is taken by examination in radiotherapy together with medicine, surgery and pathology. Exemption is granted in medicine and for surgery to those who hold a higher degree or diploma in these subjects. This examination is recognised as the standard necessary for a consultant appointment. Some universities grant a mastership of radiology whilst in London University the M.D. may be taken with radiology as the principal subject.

And what of the work itself? A common remark made is "Your work must be very depressing." The answer to this is, of course, it all depends what you mean by depressing.

We enter the medical profession for various reasons, but undoubtedly beneath everything is a deep desire to help our fellow human beings. This ideal may not be definable, it may be overruled by other ideas and thoughts, the challenge of disease, the problems to be worked out, the challenge to thought, to reason and to philosophy which lies in medicine. But beneath all lies some idea of service. Cancer does not leave a static patient, untreated it has a 100 per cent. mortality. By our art we can relieve them, or should we fail the result is the death of the patient. There is no half-way, it is all or nothing. When we succeed we know that we have achieved something that no one else could do, and that we have cheated death. If we fail we have the harrowing experience of terminal care, of watching the physical suffering of the patient, and the mental anguish of the relatives. "The insuperable difficulties encountered in combating the disease, and the infrequency of our successes, are sufficient to endow with adequate humility all those who occupy themselves with the management of cancer," but is not depressing. We fail because we do not know enough. At our meetings we proudly present our cure rates, our survival statistics. With carcinoma of the breast stage I, 80 per cent. survive five years after treatment. That is an achievement, for it is better than it was thirty years ago. But still 20 per cent. die. One in every five with a carcinoma of the breast still clinically confined to the breast at the time of treatment dies of the disease in spite of all that modern surgery, radiotherapy or endocrinology can do. It may be that we in our lifetime may not learn the answer to many of the questions now perplexing us. It is true that like surgery, radiotherapy is a local form of treatment. Surgery attempts to remove what it cannot control. But it may contribute more to the cancer problem than improved five-year survival rates. Why should a few ionising radiations shot into the spleen restore a leukaemic blood condition to normal and maintain this normality for a long period of time? Irradiated metastatic cancer cells in lymph nodes may lie dormant for months, the pathologist will call them viable, but clinically they do not grow. Why? What a field for investigation lies in our "chronic" wards!

The satisfaction of the successful result of one's efforts, the help one can give even when medically one is failing, the association with colleagues in all the departments of the hospital, the challenge of failure, the lack of knowledge of success, here lie compensation for the depression and humility for, after all, "True joy is found in the quest for what may after a weary journey prove unattainable."

The newly-qualified today has a bewildering variety of specialties to which he may devote his life. The Science of Surgery is once more drawing closer and closer to the Art of Medicine. The surgeon who corrects deformities, removes blemishes and repairs the effects of injury is being drawn more and more to exercise his skill in altering the environment of the body or in restoring an abnormal physiological state so that disease cannot thrive.

Radiotherapy is a young speciality but it has already achieved a status of the highest order in medicine. It can make a just claim on the best educated and the keenest brains of our young doctors, and it deserves serious consideration as a specialty worthy of their life's devotion. Gustav Forssell, who founded the Radiumhemmet of Stockholm, stated once that it was "not radium but radium efficiently applied that makes for success in treating cancer. Radium is an important agent in the struggle against cancer, but radium alone will never cure a patient. For the latter it is absolutely necessary to have well-equipped and thoroughly organised special clinics and able physicians who possess skill, knowledge and experience, and who are willing to devote life and soul to radiotherapy."

References:

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Forssell G. Brit. Jour. Radiol. 1930. 30. 198-224.

A WEEK WITH A LONDON G.P.

by D. H. BERGEL

A LARGE number of papers have appeared recently on the subject of General Practice, but few appear to be written to answer the question: "What does a G.P. spend his time doing?" Accordingly, I have not attempted to analyse cases seen into first or subsequent visits, but merely to record all cases dealt with in a week and to divide them up into rough categories for purposes of discussion; any classification of such material which claims to be much more than an aid to discussion is, to my mind, likely to be misleading; this point will be amplified later.

First, a few details of the practice considered. I spent a week in early November, 1954, with a doctor friend of mine practising in South London, in an area close to the river and served by three teaching hospitals (this latter fact can be expected to account for the relative lack of minor surgical cases, and of obstetrical work). This is a very overcrowded area, serving the many local light industries and providing many workers for the docks and transport: it is the rule for both parents to be out working all day. The doctor has a list of some 2,250, mainly within a radius of less than half a mile. In addition he is visiting medical officer to a nearby public assistance institution, a job which monopolises a large portion of his time, though the number of patients actually seen is not high.

November was said to be an average month and, in fact, during the week 223 "services" were performed, a figure agreeing closely with Stephen Taylor's estimate of five services per patient per year. No more than fifteen patients were seen more than once in the week, and there were no night calls; the doctor does not expect more than one a month.

These figures could be classified in the following way:—

Total Services	223
Men	82
Women	93
Children under 14	38
Visits	168
Attendances	37
Institution	18
V : A (excluding Institution)	4½ : 1

When the patients were classified systematically according to the disease or symptom which caused the service in question, the following figures were obtained:—

Respiratory and E.N.T. ...	92
Alimentary system	17
Social	17
Gynaecological and obstetrical	16
Skin	13
Psychological	11
Arthritis, "Fibrositis," etc. ...	11
Specific fever	10
Cardio-vascular system ...	8
Miscellaneous	23

Certain comments on these figures seem to be called for. The first and most important one concerns the impossibility of a really full classification. In this series all patients were allocated on the basis of presenting symptoms, but it was the exception to find one who could not be placed in other categories owing to the existence of other symptoms or previously diagnosed disease. In particular, the number of patients showing signs of minor psychoneuroses, in particular mild anxiety states, was very high and had I intended to show that a G.P's work is three-quarters psychology these figures would have done very well; someone else with a different bias could just as easily have made out a case for dyspepsia, upper respiratory disease, or stress disorders. Nowhere, I believe, is the old cliché about treating the patient rather than the disease more of value than in general practice. In practice it is possible to get a clearer view of the various factors to which an individual is reacting than anywhere else and although it may be of value to classify a surgical patient as "acute appendix," this system becomes meaningless in the world outside. These points must be remembered when attempting to evaluate statistics (always remembering I use the term in a somewhat rigid and possibly outmoded sense) concerned with general practice and this is the most valuable lesson I learned during the week.

Nevertheless, such rough figures as I have given help to show the main directions in which the doctor worked in a week. The

huge figure for respiratory disease consists almost entirely of acute sore throats, coughs and colds ; when these are removed surprisingly little remains. Tuberculosis is becoming more of a rarity, but last year this G.P. had nine cases of carcinoma of the bronchus.

Those cases classified as " Social " include everything from certificates for rehousing to the weekly chat and gift of two shillings to the local reprobate ; the task of sorting out patients and sending them to the correct agency is an immensely difficult one, and one which most newly qualified doctors can have little idea how to undertake.

In the next category are included twelve women who came for advice on and fitting of contraceptive devices. Little provision is made for such services under the N.H.S., and though entitled to, the doctor does not charge for them since he feels this will discourage those with the greatest need. This is a subject on which undergraduate teaching is sadly deficient ; although most know the various devices employed few have any idea of the indications for any one in particular, still less how to fit and obtain them. It would surely be possible to remedy this defect which is likely to be felt with increasing keenness in the years to come. The other categories call for no particular comment, although the disproportion between the numbers of psychological and skin diseases seen (in reference to the former, remember only the presenting symptoms were used in classification, otherwise the figure would be much larger) and the time allocated to this in the curriculum is obvious. The large number shown as miscellaneous further indicate the difficulties of any classification.

In conclusion, I should like to say that with the exception of those subjects previously mentioned, I was pleasantly surprised to find that hospital teaching does appear to be reasonably well adapted to the conditions to be expected in practice, though possibly children's diseases receive a smaller share than their due, within the obvious and acknowledged inherent defects of the hospital teaching system. However, I should like to add my plea to that of others in asking for at least a fortnight's general practice teaching as part of the curriculum, not to be taken in the students' own time ; and not so much for the purpose of learning techniques which can only come with experience, but to allow all to appreciate better the peculiar problems and advantages of this work, and even to enable the newly qualified doctor to make a better-informed choice of career.

Finally, it only remains to thank the doctor for a highly instructive and enjoyable week and for the patient way in which he answered all my queries. Although I believe he would agree with me, I should add that all opinions stated here are my own, and therefore of necessity somewhat ill informed.

SO TO SPEAK . . .

In WOPs :

To an overdue pregnant female :—

Don't take an ambulance dear, take a taxi—on the whole, London cabbies are quite good midwives—if anything, 'bus crews are even better.

In MOPs :

I was given a note to take to the Lady Enema.

HYPOCHONDRIASIS

by RICHARD DE ALARCON

THE practice of Medicine is considered an art, and, therefore, there is always plenty of scope for the personality and personal abilities of both doctor and patient. There are no rigid and infallible rules—the factors and variables involved are innumerable. Thus, in Medicine, the unexpected must always be anticipated.

Often this medical art can be very straightforward, when one sees text-book patients.

Unfortunately, this is not always the case, and there are patients who refuse to fit into a diagnostic pigeon hole in spite of all our efforts. These are bad enough, but there are some still more exasperating ones who have the effrontery to wail and complain of many pains and discomforts even though we have failed to discover any physical disturbance which may account for these symptoms. These patients are usually called hypochondriacs.

Hypochondriasis, by definition the existence of bodily complaints for which no physical cause can be found, is an anathema to the honest practitioner. Not only does it interfere with diagnosis, but it also delays treatment and often makes it unsuccessful; and diagnosis and treatment are the two ways in which a doctor shows his skill and justifies his existence. He is irked all the more by the consideration that there may be a genuine physical illness underneath which the hypochondriac's "silly behaviour" prevents him from seeing. He reproaches his patient for making so obscure and complicated what could be so luminous and clear if he only would stop all this nonsense.

Once a patient has been labelled as a hypochondriac the general attitude is to consider him a nuisance and a fake and pass him on to somebody else. The patient will then start his tour of all the outpatient departments, which Richard Gordon describes so aptly in his "Doctor in the House." This attitude is perfectly understandable. We have all felt it, and it expresses our professional frustration. However, it is not, strictly speaking, medical or even scientific, for pain is always something unpleasant for which the patient seeks our help, regardless of whether (or not) we can find a physical cause for it. If a hypochondriacal complaint is regarded as a danger signal instead of merely a nuisance, it automatically becomes a positive symptom which may lead us to the basic illness in the same way as a fast pulse may lead us to the diagnosis of hyperthyroidism.

It is obvious that if the cause of the complaint is not somatic it must be mental, taking the latter in its broadest sense. This seems to be the case, as hypochondriacal complaints may be the expression of psychological conflicts of some sort, or an important symptom—often a prodromal one—of a psychosis. Gillespie goes as far as to consider a certain type of hypochondriasis as a definite clinical entity.

Hypochondriacal complaints can be found at any age. When they occur in children, they are useful indications that warn us that the child's emotional development is not going as smoothly as it should. According to Kanner, hypochondriasis in a child tends to be first suggested and then purposive. Thus more often than not we will find anxious, fussy overprotective parents who instil into their child this unhealthy bodily preoccupation. The reasons why they are so overconcerned with the child's health vary in each case, and are often difficult to define. Often the parents are psychoneurotic individuals and this excessive solicitude is one more expression of the general anxiety they live in. In others it may be to compensate their basically rejecting attitudes. This is often seen in cases in which the child is really not wanted for some reason or other, i.e., because it interfered with the mother's career, the marriage was forced by pregnancy, etc.

The child of such parents lacks real love and affection in spite of their apparent care. He is in need of attention from other people and will absorb it when available more readily than blotting paper sucks up ink. He soon discovers by experience that any small physical complaint will get his parents into a flap. Besides, invalidism has its advantages, which he will soon discover, and it will often be a handy way to get out of difficult situations. It also offers a means to express his reproach to his parents and make them feel guilty. Thus we see how a bodily preoccupation which permeated the parents'

attitude from the beginning is transferred to the child who then learns to use it for his own purpose and advantage. A practitioner who is aware of the significance this type of symptom has in children will refer the patient to a Child Guidance Clinic where the whole situation can be sorted out and much permanent damage avoided.

The milder cases he will be able to deal with himself, provided he is willing to devote some of his valuable time to this aspect of his patient's illness.

Hypochondriasis in psychotic children is not discussed because these cases are usually so disturbed that other symptoms catch the eye first.

In adult life hypochondriacal symptoms are mainly found in psychoneurotic individuals or in the more serious functional psychoses, such as schizophrenia and the various types of depression.

It is useful to know how they manifest themeslves in these different illnesses, because they may give us helpful leads to an early diagnosis.

F. Brown studied hypochondriasis from a strictly clinical angle without giving any interpretation as to what may be the deep unconscious dynamics responsible for form and content of the symptoms. He analyses hypochondriasis in psychoneurotics and for a practical clinical purpose considers three simple mechanisms by which they may come about:

1. The autonomic disturbances which accompany anxiety, such as palpitations, hypermotility of the gut, muscular tension, etc., produce themselves abnormal bodily sensations. These sensations are usually uncomfortable and in these predisposed individuals the already existing anxiety will be turned then towards the body. A vicious circle is then created, i.e., anxiety produces palpitations which in turn will give rise to more anxiety.

2. The anxiety produced by internal and external conflicts is turned into a bodily symptom which is made more tolerable to bear. This is known as a conversion symptom in Freudian terminology. In these patients the anxiety is not generally obvious; it has been substituted by the symptom. In a case I saw of a refined, delicate woman married to a selfish and disagreeable man whom she disliked, the conflict between the desire to leave him and her sense of duty was solved by the appearance of an obviously psychogenic unilateral blindness. The anxiety disappeared and was replaced by an indifference and disregard of her marital problems.

3. The symptom, more or less unconsciously, is meant to serve a purpose, i.e., when a symptom is used to gain sympathy from others or to justify a failure. In the latter case the illness provides the patient with a provisional shelter and prevents him from losing face.

These three mechanisms give a useful practical approach for dealing with patients, but as F. Brown points out they are rarely found in a pure state and in each patient a combination of the three is to be expected.

The hypochondriacal complaint will lead us in these cases to investigate the patient's previous personality and the more common areas where conflict is to be expected. In the same way the presence of absent knee and ankle tests would lead us to make a careful and detailed neurological examination and order a lumbar puncture.

The knowledge of the patient's previous personality will help us to assess his present state and the significance of his symptoms. When hypochondriacal symptoms appear for the first time in a man who has previously never worried about his health they carry a different meaning than they would if he had had them all his life.

The relatives can give us very valuable information about the previous personality. They may tell us " my husband has a worrying nature," "he crosses his bridges before he comes to them," " oh, he makes a big fuss over the slightest cold, it is a family joke, doctor, we always tease him for it."

The investigation of conflicts is not difficult if we know where to look for them. Family relationships, sex and work provide the main areas of conflict.

This investigation is required even when we feel the purposive factor is predominant. Some people have a greater facility to react this way and will do so under minor stresses. We may not be able to remove this reactive pattern but we may often be able to remove the stress. The severest forms of this group are the ones that give most trouble to the general practitioner. Sometimes it may be advisable not to remove the symptom. In the case of the woman mentioned above the removal of the symptom without previous preparation would probably have brought about marital separation.

There are also cases in which a physical basis for the symptom may be found, but its severity and the anxiety it produces is entirely out of proportion to the cause.

In the psychoses, hypochondriacal symptoms are frequently found, and may for months be the only symptoms before the full blown picture develops.

In schizophrenia, bodily complaints usually take a bizarre colouring. They strike us by their incongruity or their strangeness. The patient may claim some external power or influence is responsible for them, i.e., "His genitals are being shrivelled by atomic rays," "a spell has been cast on him and he cannot digest his food properly." The bizarreness of the symptoms should always make us suspect schizophrenia and when "external powers" are involved in their production they can be considered as typical and diagnostic.

But this is not always the case, and vague non-specific bodily complaints may be found in the prodromal phases. The possibility of schizophenia should be kept in mind when these vague complaints appear in a young adult and persist in the absence of external factors. In the typical picture they seem to be expressed with a lack of the affect that one would expect from them. If we look for it we may find a decline in a work or study record which up to then had been very good. From the patient we should enquire about any oddity of inner experience, and from the relatives of change or abnormality of behaviour.

In the depressive illnesses we have a happy hunting ground for hypochondriacal symptoms. The illness itself can be accompanied by dryness of mouth, palpitations and constipation. But the real symptoms stem from the disturbance of mood.

Everything seems black and hopeless and the patient is overwhelmed by nihilistic ideas and the feeling of impending doom. He is to die. There is no hope for him. Why? Because his heart is going to stop, he may have cancer, V.D. which he contracted many years ago is now showing itself and will carry him to the grave, his bowels are rotting and they are clogged and he must not eat any more, etc. Any organ or function of the body may be the site of these nihilistic ideas and complaints, but there seems to be a preference, especially in the elderly group of patients, for the gastro-intestinal tract. There may even be an imagined insomnia and a patient may tell us he only sleeps two or three hours in the whole night, even though his wife or the night nurses are certain he sleeps a good seven hours.

It may happen that the patient may hide his state of mind very well and is able to smile and put up a reasonably good front while he tells us about his symptoms. This is a particularly dangerous group, because the possibility of suicide hangs like a sword of Damocles over every depressed patient. It is in these patients that the study of the hypochondriacal symptoms is most useful.

A patient of mine spent nearly two years touring the O.P. departments of nearly all the London teaching hospitals because of constipation and difficulty in passing water. He was subjected to a wide variety of investigations and treatments among which were streptomycin, B12 injections and even prostatic massage. Finally he was referred to a psychiatrist only after he had tried to strangle his wife and commit suicide himself. He afterwards confessed how, during the last year or so, he had many times contemplated suicide and had often secreted a knife from his house with the intentions of killing himself in a park. Much suffering and danger would have ben avoided if someone had taken the trouble of asking him how he felt inwardly and what thoughts troubled his mind.

An excessive preoccupation with the genitals and intestinal tract in a middle-aged person should always make one suspect an involutional depression.

In the elderly, a thorough physical examination with additional investigations as required should be done in every case. If nothing is found and the patient does not respond to the reassurance given, and keeps on coming up to the surgery every day, a psychiatric examination should be considered.

On the other hand the converse can happen and symptoms dismissed as hypochondriacal may be caused by some real physical illness underneath. The following case is an example of an omission of this sort.

Mr. C. R., a clerk, aged 61, had a depressive illness characterised by irritability, loss of interest, poor sleep and appetite, with loss of weight and mild complaints about his bowel function. He was treated with E.C.T., recovered completely and returned to his work. Two years later he again began to

eat poorly and lose weight. He became irritable and complained of constipation and of having a lump in his throat which nobody else could see. The family disregarded his complaints and thought "the nervous trouble" was coming on again. Finally he was admitted to a psychiatric hospital in a cachectic state. The lump in his throat proved to be an asymmetry of the larynx and an x-ray revealed a large cavitating carcinoma of the lungs. Up to the time of his death a few weeks later, he was extremely depressed and anxious about his bowel functions; in spite of the constant cough he never expressed any worry about the state of his chest.

This case not only shows the necessity for a complete physical examination, but also how an organic illness can mobilise a predisposition to depression which may show itself in a hypochondriacal concern about organs and functions far removed from the site of the true lesion. Incidentally, the brother of this patient also had a depressive illness and committed suicide.

I hope I have shown above the main ways in which these apparently absurd and groundless symptoms may enrich the art of diagnosis and therapy.

The reasons why the patient may be concerned over the proper functioning of his peristaltic waves rather than of the circulation of his ear lobes in any particular case is out of the scope of this paper, because the factors concerned are not well known and would involve a protracted discussion on the symbolic value attached to the different parts of the body and their interpretations by the different psychoanalytical schools.

POST MORTEM

They all turned up to 'is funeral
They said: "Wot a bitter blow!
'Ow sad to lose one so beyond reproach"—
But 'is languishing sprite was below.

The priest mumbled prayers at the altar
An' Masses was offered as well
An' 'is body was borne down the aisle—
But 'is soul was burning in 'ell.

They said 'e was kind and owed nothin'
As flowers on 'is coffin they laid—
While 'e suffers eternal chastisement
For the debt that 'e never quite paid.

For a man may 'ave many admirers
'Oo may think 'im to be a good type,
But it counts not a speck on the scale
When the reckonin' moment is ripe.

J.D.P.

ZERMATT 1955

Last year, it was said that Bart's appeared on the ski slopes here like the Gadarene swine! During the intervening year we doubled our litter and no less than fifty-three set out from Victoria to attempt a more controlled descent.

The journey by third-class rail is best left in the sub-conscious. At the end of it one vows never to travel this way again, but somehow always does.

Like most resorts in Switzerland, Zermatt had been having rain, and we arrived to find the Matterhorn shrouded in mist, but snow conditions otherwise excellent. As last year a day later the sun shone, and apart from one day's snowing, never left us for the rest of the fortnight.

All but six of us were accommodated in the Hotel Dom, and settled down to enjoy the delicious meals and kindly hospitality of the Lauber family.

Special student rates were arranged for ski equipment, scrool, and lifts and we were soon setting out in our various classes to conquer all the runs available.

While many struggled with skis for the first time on the nursery slopes, it was barely two days before the senior class had done the steepest slopes Zermatt has to offer. Indeed, they progressed from soft snow running where one cuts one's own tracks in virgin snow, to the more difficult deep snow, and skiing between the trees. Most of the class were usually to be found wrapped round the trees; Robin Wynne-Jones had his hat, and indeed practically his scalp, removed by an overhanging branch. Henry Blake successfully incorporated himself in his own private avalanche while Monica Taggart, our most accomplished woman skier, completed the course with maddening skill and ease. Later we achieved a rare ambition for that time of year, by going on a day tour to Italy. This included a 3½-hour climb on skis, with a delightful ski down to the frontier, and lunch in the hot sun at Brenil (Carvinia). The return is made by cable car, and then a steep ski down to Zermatt.

The snow continued to be ideal, there was more of it than last year, just when it was becoming icy an overnight covering averted danger. All the classes improved more rapidly than last year, even the most timid becoming quite intrepid skiers before the end of the holiday. While the most adventurous were travelling so fast, and so out of control that the ski instructor's broken English was strained to its very limit to influence them.

During the first week the best runs were from the Blauherd hut. The Standard, National,Tiftern-Reid, Rio, and a delightful soft snow run to the village of Findelen,were open. In the last week we transferred our affection to the Gornergrat which was by then in perfect condition.

Considering the size of our party and the many different types of snow encountered, two fractures and one severe sprain, together with the usual run of "knees and ankles" was very lucky, especially as the major accidents occurred towards the end of the fortnight.

At tea-time, and in the evenings, we enjoyed hot chocolate and local wines at favourite restaurants and bars, and provided most of the lively social life of the off-season. Two old friends struck up our "Salad Days" selection every time we appeared in the Walliserhof, and although our recordings of the tunes were not exactly professional, many of the party will, I am sure, always remember the holiday when the music is played in England.

We annexed film stars Hugh McDermott and Dorothy Tutin, and one of the girls got a big wink from Farouk!

Tailing and Fondue parties were popular, the highlight of the Vicar's party being the song of the "Three Parsons of Puddle" from the pot pourri. The town also arranged floodlit ski jumping and ice-hockey in fancy dress.

The Ski Club of Great Britain welcomed us to their pay-for-your-own-drink cocktail parties and added an all too reminiscent splash of Kensington to the party spirit. Several second- and third-class tests were taken. Hugh Bower had bad luck breaking a ski in the First-Class Running Test, and Henry Blake in stopping to pick up his goggles narrowly missed his Second-Class by ten seconds.

Finally, we threw the annual farewell party for instructors, and other friends of Bart's, now too numerous to mention individually, and were especally pleased to have the president, Mr. John Howkins with us.

Before completing this account of the 1955 party, I would like to thank Henry Blake, John Struthers and Hugh Bower for their expert organisation of it for months before in England. It entails much hard work which is not always generally realised. In two years the Ski Club has surely won a place beside the other in Bart's sporting activities and I hope we shall continue to send annual parties to revel in the thrills and spills of skiing among the mountains of Europe.

The Ski Club will be showing films made last year, and this year, of the Bart's party skiing in Zermatt at the College Hall at 8.30 p.m. on March 1st. All members, and anyone interested will be welcome.

PETER RYCROFT.

UNIVERSITY OF OXFORD

2nd B.M. EXAMINATION

Michaelmas Term, 1954

Medicine

Cotter, P. J. M.	Wickham, A. C. M.	Keene, M.	Mitchell, P. J.
Holden, H. M.	Dingle, H. R.	Fairley, G. H.	

Surgery

Barnes, J. M.	Wickham, A. C. M.	Holden, H. M.	Cotter, P. J. M.
Fairley, G. H.	Dingle, H. R.	Mellish-Oxley, K. G.	Mitchell, P. J.

Midwifery

Cotter, P. J. M.	Dingle, H. R.	Fairley, G. H.	
Keene, M.	Wickham, A. C. M.	Mitchell, P. J.	

The following completed the examination for the Degree B.M., B.Ch:—

Cotter, P. J. M.	Mitchell, P. J.	Dingle, H. R.	Wickham, A. C. M.
			Fairley, G. H.

UNIVERSITY OF CAMBRIDGE

FINAL M.B. EXAMINATION

Michaelmas Term, 1954

Pathology and Pharmacology

Buckle, R. M.	Rothwell-Jackson, R. L.	Phillips, B. S.	Norbury, K. E. A.
Hudson, C. N.	Church, J. C. T.	Yerbury, G.	Struthers, J. L.
Maclay, W. S. S.	Jewell, G. J.	Earnshaw, G. J.	
Nottidge, R. E.	Miller, A. B.	Jones, P. M.	

Principles and Practice of Physic

Aldous, I. R.	Gawne, E. F. D.	Burrows, P. J.	Dinkel, P. A.

Principles and Practice of Surgery

Aldous, I. R.	Smith, G. W. T.	Maltby, J. W.	Ogden, W. S.
Gawne, E. F .D.	Bourne, W. R. P.	Burrows, P. J.	

Midwifery and Gynaecology

Aldous, I. R.	Backhouse, I. H.	Bourne, W. R. P.	
Burrows, P. J.	Gawne, E. F. D.	Nainby-Luxmoore, R.	

The following completed the examination for the Degree M.B., B.Chir. :—

Backhouse, I. H.	Bourne, W. R. P.	Burrows, P. J.	
Gawne, E. F. D.	Maltby, J. W.	Ogden, W. S.	
Nainby-Luxmoore, R.	Yerbury, G.	Aldous, I. R.	

UNIVERSITY OF LONDON

1st M.B. EXAMINATION

December, 1954

Guillochon, M. A. Hare, B. W. E. Price, R. N. W.

The following General Certificate of Education Candidates have qualified for exemption from the First Medical :—

Birt, R. C.	Marshall, R. D.	Donaldson, W.	Musgrove, J. S.
Durrant, K. R.	Peebles, D. J.	Garrod, J. A.	Ponnampalam, M. S.
Harris, D. M.	Roden, A. T.	Hudson, M. J. K.	Watson, A. C.

FINAL EXAMINATION

January, 1955

Pathology

Kirk, A. G.	Farrar, J. F.	Buckle, R. M.	Black, D. H.
Lloyd, A. G.	Gray, A. J.	Nwachukwu, P. O.	Irwin, M. H. K.
			Phillips, B. S.

Medicine

Robinson, M. R.	Grant, B. G. H.	Dormand, G. S.	Ellis, C. D'A.
Boxall, T. A.	Gray, A. J.	Mears, M. E.	Black, D. H.
			Luscombe, A. H.

Surgery

Kirk, A. G. Dinkel, P. A. Barnes, J. M.

Midwifery

Gray, A. J. Lloyd, A. G. Ellis, C. D'A. Boxall, T. A.

The following have completed the examination for the Diplomas M.R.C.S., L.R.C.P. :

Dormand, G. S. Mears, M. E.

M.S. EXAMINATION. PART I

December,1954

Rogers, N. C.

M.D. EXAMINATION, PART I

December, 1954

Butcher, P. J. A. Wyatt, H. J.

CONJOINT BOARD

FIRST EXAMINATION

December, 1954

Pharmacology

Arthur, J. K.	Bott, M. M. L.	Bergel, D. H.	Irwin, M. H. K.
Burton, M. F. D.	Black, D. H.	Ashworth, E. J.	
Boyton, J. O.	Lloyd, D. B.	Staley, M. E.	

FINAL F.R.C.S.

December, 1954

Calderwood, R. W. L.	Lahz, J. L. C.	Bhiwapurkar, N. D.	Smith, I. M.
Griffiths, J. D.	Braimbridge, M. V.	Gillman, J .C.	Gordon, I. J.
Akehurst, A. C.	Timmis, P.	Gabriel, A.	Sinh, G.
Yule, J. H.	Green, N. A.	Mitra, A. K.	Hoare, L. L.
Evans, I. L.	Ryan, E. L.	Juby, H. B.	Welsh, R. I. H.

RECENT PAPERS BY BART'S MEN

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*——. Auguste Rollier (1874 - 1954). *N.A.P.T. Bull.*, Dec., 1954, p. 222.

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*——. Carl Partsch (1855-1932), Surgeon and dentist. *Med. Press*, Jan. 5, 1955, p. 19.

*——. George Crabbe (1754-1832), Poet and opium-eater. *Alchemist*, 18, Dec., 1954, pp. 612-613.

*——. Harry Mitchell Sherman. American orthopaedic surgeon (1854-1921). *Med. Press*, Nov. 24, 1954, p. 505.

*——. Jokicui Takamine (1854-1922). Discoverer of adrenaline. *Chem. & Drugg.*, 162, Nov. 20, 1954, p. 523.

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*BETT, W. R. Morris Simmonds (1855-1925) of "Simmonds' disease." *Med. Press*, Jan. 5, 1955, p. 19.

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BROOKE, C. O. S. BLYTH. An alternative to health centres. *Lancet*, I, Jan. 8, 1955, pp. 93-94.

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MCDONALD, D. A. *See*, HELPS, E. P. W., and ——.

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**Reprints received and herewith gratefully acknowledged. Please address this material to the Librarian.*

BIRTHS, DEATHS AND MARRIAGES

Births

DINGLEY.—On January 15, to Margaret, wife of A. Gordon Dingley, a daughter (Susan Lowther).

HINDLE.—On December 31, to Gweno, wife of Dr. John Hindle, a son (Hugh Ross).

JONES.—On January 14, to Elaine, wife of Dr. Ralph Francis Jones, a son (Steuart).

NICOLAS.—On January 1, to Pearl, wife of Dr. J. C. Nicolas, a sister for Robert and Margaret (Rosemary Florence).

PITT.—On January 11, to Penelope, wife of Dr. Peter Pitt, a son (Colin Peter), a brother for Gillian and Cherry.

ROFFEY.—On January 12, to Anne, wife of Dr. P. J. Roffey, a daughter (Jane Matilda).

STRETTON.—On January 11, to Beryl and Dr. Lionel J. Stretton, a son (Jeremy).

WEBER.—On December 29, to Rosalie, wife of Dr. G. N. Weber, a brother (Jonathan Norden) for the twins.

WHITEHEAD.—On January 12, to Feithlinn, wife of Dr. Brian L. Whitehead, a son.

Deaths

CASTELL.—On January 1, Samuel Percy Castell, aged 61. Qualified 1918.

JOEKES. — On January 2, Theodorus Joekes, aged 72. Qualified 1916.

JONES.—On January 9, Cecil Meredyth Jones. Qualified 1912.

Wedding

JONES—DAVIES. — The marriage took place on January 8, of Dr. Arthur Jones and Dr. Margaret Davies.

Engagements

Mr. Joseph (Gerald) Siegler to Miss Brenda Freeder.

Mr. H. R. Dingle to Miss Marion Campbell.

Mr. Bill Havard to Miss Mhairi Bott.

Mr. J. A. Tait to Miss A. F. Lowe.

Surgeon Lieutenant D. B. L. Skeggs to Miss Margaret Anne Youngleson.

Royal College of Surgeons

Dr. C. J. CUNNINGHAM has been appointed Sir William Collins Professor of Human and Comparative Pathology in the College.

Royal Society

Dr. E. D. ADRIAN, O.M., was re-elected President.

British Association of Plastic Surgeons

At the annual general meeting in December, the following officers and council (of Bart's) were elected for 1955:—

President: PROFESSOR T. POMFRET KILNER.

Council: MR. P. H. JAYES.

THE CAROL CONCERT

On December 14, in the Church of St. Bartholomew-the-Great, the Rahere Choir gave their first concert for many years. In the last few months a group of enthusiasts had re-formed the choir, and some fifty of them gave a very creditable and immensely pleasureable performance to a large audience. They are all to be congratulated and it is only to be hoped that the choir will now go from strength to strength.

Previous to the performance, posters had appeared around the hospital calling our attention to the concert (not to be confused with the traditional Festival of Nine Carols held in St. Bartholomew-the-Less). And our appetites had been whetted by the hope of hearing at least a few of the carols we wanted. A cursory glance at the programme dispelled any misgivings ; and, oh joy, at least we were going to be allowed to sing some for ourselves. A brief moment's reflection before the concert started made us aware of the magnificent setting we were privileged to view—never let anyone clean the stone of St. Bartholomew-the-Great !

It would be unconstructive to sum up the concert by saying it was " lovely," not that it wasn't, but because it could have been bettered. I do not intend to run through the individual items, a list of which appears at the end. On the whole the choir sang very well and in " Lallaz my Liking " and particularly in " O Little One " by Bach they gave really musical performances. The male voices didn't seem to achieve such a happy effect. Perhaps this was not entirely their fault as it is always difficult to choose suitable music for men only to sing. " The First Noel " is not a carol to be sung by a small group, or for that matter by any size choir at all. The same applies to " Adeste Fidelis" and "Good King Wenceslas." Essentially, they all belong to that small group of carols that everybody knows, and therefore should either have been left out of the concert or should have been given as fodder to the unmusical masses to bellow at! The female voices, on the other hand, were a delight to listen to and their " Tyrolean Cradle Song " was beautiful as it echoed round the clerestory of the old church. Again, the singing of the soloists in the " Coventry Carol " was sheer delight—helped by a really firm contralto line there was a fine balance of harmony—and to your scribe this was the highlight of the evening

Lastly, a brief word about the programme as a whole. This was meant to be a Carol Concert, and in fact turned out to be half a Carol Service and as such fell between two stools. The appearance of the Lesson in the middle brought us rudely back to the Service and seemed to be a little out of place, and vice-versa the same could be said about the organ solos. If Service it was to be, then nothing could have been more suitable or wonderful than a Festival of Six or Nine Carols ; and if Concert it was to be, then there should have been groups of different types of carols arranged with as much continuity as possible. If this sounds unduly harsh, it is not meant as such, but it is hoped that it is constructive.

Whatever may have been written here there is no shadow of doubt that the efforts of the Rahere Choir were very much enjoyed and appreciated by all of the audience and we look forward to hearing their next concert at Easter.

HUGH BOWER.

THE RAHERE CHOIR

The choir will give a concert of Easter Music on Tuesday, March 29, at 8.45 p.m. in St. Bartholomew-the-Great. Admission free.

SPORT

RUGBY

St. Bart's v. Civil Service. Away. Lost 9—10 pts.

The game was played in an icy wind on a hard ground. Civil Service kicked off and play commenced at a cracking pace which was maintained throughout, despite the recent Christmas and New Year festivities.

After about 20 minutes of play in which the Hospital were only just the better side, Badley kicked a magnificent penalty goal. Subsequently Civil Service played much harder and play continually swept from one end of the field to the other. Half-time Civil Service 0, Bart's 3 pts.

In the second half the fitness and speed of Civil Service began to make itself felt and they were soon pressing hard on the Hospital line, finally bursting over near the middle for a converted try. The Service pack continued to press, and the game progressed with a series of lines out and scrums on the Bart's line. Eventually a kick by Cohen following a set scrum was charged down and Service scored a further try near the corner flag. A fine kick gave them the extra points.

Bart's then pulled themselves together and play settled down near the half way line. From a fine run by Graham and a bout of interpassing Macadam was able to force his way near the corner. The kick failed. Ten minutes later a similar run by Tallack enabled Macadam to score again the opposite flag. The conversion again failed.

St. Bart's v. Catford Bridge at Hayes Common. Won 6—0 pts.

This was the first game after the thaw and as such was disappointing. The ground was soft and exceedingly slippery and the whole match was played in a drizzling rain and slight fog. Berry playing in his second match for Bart's played an excellent game.

Within two minutes of the kick-off Bart's were in the Catford 25 and remained there for about 20 minutes. Several attacks were made during this time but on each occasion, a slip caused the attack to be halted. Towards half-time Plant crossed the Catford line near the corner but was not allowed a try due to an infringement. Some five minutes later, however, Bart's reaped their reward when Lammiman on the opposite wing scored an unconverted try.

In the second half Bart's continued to overwhelm their opponents outside the scrum, but had little backing from a lazy and unfit pack.

About half way through this half Lammiman again crossed for an unconverted try. Ninety seconds from time Bart's lost Jewell who had to be carried from the field with a back injury.

This was his first match in the senior XV since his injury at Woodford in November. The club has suffered a great loss this season as a result of his misfortunes, and hope that he will soon be with us again.

St. Bart's v. O.M.T. at Chislehurst. Won 11 pts. — 3.

Conditions were almost ideal on this day with a slight wind blowing down the slope. Bart's without Goune and Phillips took the field with some trepidation especially as O.M.T. were captained by D. G. S. Baker who played a grand game for England against Wales last Saturday.

The game began at very slow pace and the visitors were soon pressing taking the lead after 10 minutes with a fine penalty goal by Baker.

The visitors were continuing to press when Scott-Brown made a superb break-away, passing inside to Lammiman, who then had no one to beat but was left to run three quarters of the length of the field. This he did admirably out-running all pursuers and touching down under the posts. Badley converted.

The pace quickened at this point, and play became mostly confined to the visitors' half.

After the interval Bart's increased the pace of the game, and did nearly all the attacking. A forward rush was crowned by a good effort by J. Benidik who charged over the line. The try was not converted.

Fifteen minutes from time Scott-Brown sustained an injury to his ankle, and had to go off.

Bart's unabashed continued to press, and Cohen added a further try after a hard run on the blind side. The conversion again failed.

With the return of Scott-Brown five minutes from time Bart's set up heavy pressure, and Mackenzie who had played a great game in quieting Baker, crossed the visitors' line after a determined run. A try was however disallowed through an infringement. This was one of Bart's most notable victories this season.

FOOTBALL

We played Charing Cross and Royal Dental in the 2nd round of the U.H. Cup at Chislehurst on January 26. After narrowly beating Georges in the first round we approached the match with some doubts as Charing Cross have a considerable reputation and could boast six U.H. players to our one, Gould at left wing being our only representative.

Our opponents kicked off with the wind behind them and began the game with tremendous confidence, keeping the ball in our half for most of the first quarter of an hour. However, we conceded a corner and an inside forward headed it neatly in to put us one down. Now however we began to get rather more of the play and twice our forwards hit the crossbar. In the second half we had the wind behind us and for the first time we definitely had the upper hand. Our advantage was chiefly in midfield. With three minutes to go, Hackett, who had performed prodigies at right half, suddenly unloosed a scorching shot along the ground from about thirty yards out which somehow evaded the whole defence. In spite of extra time there was no further score.

The bouquet for the best player of the day must undoubtedly go to Peter Burrows our goalkeeper.

The date of the replay has not been fixed yet. Team: Burrows; Sharer (captain), Kennedy; Viner, Juniper, Hackett; Gould, Pilkington, Berry, Pemberton, Andarn.

FENCING CLUB

The club still meets Wednesday afternoon under the tuition of Professor Delzi. A number of new members joined the club in October and this has helped us in arranging an additional meeting one evening a week.

In the Inter-Hospitals Fencing Cup Competition, the Club lost in the first round to the London Hospital who subsequently went on to win against St. Thomas's in the final.

Results so far this season are:—

4F + 3S v. St. Thomas Hospital. Won 13—12.

4F – v. London Hospital (Inter Hospitals Cup). Lost 5—11.

3 F.E.S. v. Guy's Hospital. Won 17—10

4F + 3E v. L.S.E. Lost 8—17.

3F v. Royal Free Hospital (Ladies' Team). Won 6—3.

Regarding outside activities we must congratulate E. R. Nye on becoming London University Epée Champion for 1954.

BOOK REVIEWS

The Story of Medicine, by Kenneth Walker. Hutchinson, (1954), pp. 343, illus. 21s.

Mr. Kenneth Walker is the author of several fascinating volumes, and we are delighted that his versatile pen should have turned towards the history of medicine. This book is not a chronological account bursting with dates and bibliographical references, and it adds nothing new to our knowledge of medical history, but it is the best popular history of the subject that has appeared since Osler's *Evolution of modern medicine*.

Catering for the layman, medical student and all interested in past events, the chapters of this book unfold the story in an entertaining manner, and the numerous illustrations add to the value of the text. We note, however, that the remains of Jeremy Bentham are not given their correct location, and the index is not only inadequate but inaccurate.

The author takes us back to the earliest civilisation of Babylon, China, Egypt, Greece and Rome, gradually bringing us up to modern times, and introducing us to the outstanding figures and schools of thought that have influenced the development of medicine during their respective periods. The final chapter devoted to "Quackery" links the old with the new, and readers will find many "modern" ideas initiated in the depths of the past. One of the fascinations of medical history is that there is nothing final about it, and every writer presents new viewpoints that arouse fresh interest.

Mr. Kenneth Walker has succeeded admirably in providing a stimulating introduction to the history of medicine. The book has been attractively produced by the publishers at a comparatively low price, and it will be received with enthusiasm by those for whom it is intended. There are few who would not benefit from reading its contents.

Textbook of Medicine. Edited by Sir John Conybeare and W. N. Mann. 11th edition. E. and S. Livingstone, Ltd., pp. 905, 40 illustrations. 31 X-ray plates. 37s. 6d.

It is not easy to review this book, for it is not the sort of volume that one can read through on a Sunday afternoon, writing a short and illuminating criticism in the few minutes before Sunday dinner. I do not pretend to have read this book right through, but I have used it for the last six months as an aid to my efforts at learning clinical medicine. It is from this point of view that I write the review.

This is a useful book, for it not only has much of the information in it that a student is looking for, but it is written and edited and produced extremely well. It is readable, and never dull, involved or repetitive. It covers the subject (in most sections) sufficiently fully to be interesting. There are shorter textbooks than this, but they

verge on being cram books. This is not a cram book.

However, even in this book there are some sections which are over compressed. Perhaps it is no longer profitable for a general textbook, to try to include a section on diseases of infants. Professor Ellis has been allotted twenty pages only. The seventy pages on psychological medicine are clear and concise, but is this section a substitute for reading one of the shorter textbooks on psychiatry?

This argument might be carried further—is the section on respiratory diseases a substitute for reading a book on chests, the section on hearts an adequate alternative to reading a book on cardiovascular diseases? The argument could be developed that the adequate textbook of general medicine can no longer be produced in a manageable size, and that the student's best hope is to read through the shelves of a library. However most students certainly have not the time to read at large on every subject, and the excellence of this textbook is that it can be used to fill in the gaps in wider reading without the uneasy feeling that one is cram patching. G.E.

Into General Practice by J. G. Thwaites, M.B., B.S. Heinemann. 12s. 6d. Published Nov., 1954.

Having read so much to the contrary, it is refreshing to find a book where General Practice is genuinely regarded as a desirable branch of medicine to enter.

Dr. Thwaites begins his book with an account of General Practice and the General Practitioner. He deplores the modern segregation of the G.P. and the consultant, and maintains that General Practice experience is the best apprenticeship for those who desire to specialise; the G.P. he says is in fact a specialist in diagnosis. One often hears "Oh, he's only a G.P." It would be more logical to say of the specialist "he is only a radiologist!"

In subsequent chapters the Medical Practices Committee, the Regional Medical Officer and other machinations of the Welfare State are introduced in rapid succession, and although no attempt is made to produce a detailed summary of Health Service regulations some of the more important features of bureaucratic medicine are outlined for the guidance of the novice.

I much liked the chapter on the General Practitioner's Work. This is done partly in tabulated form and gives insight into the variety of cases which a practitioner may find in his surgery on a given morning. There is a wealth of anecdotes which I found rather lacking in other parts of the book. One of the little gems concerns the story of a young man with bilateral renal tuberculosis. On hearing the dubious prognosis his wife and family 'decided to take him to London to see a spiritualist who performed bloodless operations by way of a long-dead German surgeon.'

There follow discourses on Practice Organisation, Professional Relationships and Medical Ethics. In the last mentioned chapter Dr. Thwaites deals with a miscellany of topics which range from the size of type which doctors should use on their brass door-plates to legal agreements like 'restrictive convenants' whereby an assistant or partner may not practice independently of his partners in the same locality. J. D. P.

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